

PERSONAL INFORMATION CHANGE REQUEST

Use blue or black pen to complete this form.

City of Riverside Employee's Deferred Compensation Plan

98246-01

Participant Information – Provide name/Social Security number as it currently appears on your account.

_____	_____	_____	_____
Last Name	First Name	MI	Social Security Number

			Account Extension (if applicable)

☐ **Name Change – Attach copy of marriage certificate or divorce decree.**

_____	_____	_____
Last Name	First Name	MI

☐ **Personal Information Correction/Change**

Mo	Day	Year				
_____	_____	_____	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Date of Birth			Social Security Number			
Attach copy of birth certificate.			Attach copy of Social Security card and driver's license or photo identification.			

☐ **Address and Phone Number Change**

Address – Number & Street		
_____	_____	_____
City	State	Zip Code
(_____)	(_____)	
Home Phone	Work Phone	

E-Mail Address		

Required Signature

I affirm that the information that I have provided on this form is true and correct.

Participant Signature

Date

Participant forward to Service Provider at:
Great-West Retirement ServicesSM
P.O. Box 173764, Denver, CO 80217-3764
Express Address:
8515 E. Orchard Road, Greenwood Village, CO 80111
Phone#: 1-800-701-8255 **Fax#:** 1-303-737-4355

